

STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
P.O. BOX 94245
Baton Rouge, Louisiana 70804-9245



GOVERNOR
KATHLEEN BABINEAUX BLANCO



SECRETARY
JOHNNY B. BRADBERRY

RELEASE AND CONSENT AUTHORIZATIONS

- **To be signed by all applicants/employees when the following drug/alcohol tests are administered: Pre-employment (including current employee being transferred/promoted/reassigned, reallocated, demoted or temporarily detailed to a safety-sensitive position); post-accident/incident; random; reasonable suspicion; return to duty; follow-up.**

I hereby authorize the collection facility, physician or certified laboratory contracted by the LA DOTD or the Division of Administration to take urine and/or breath samples to analyze for the presence of controlled substances and/or alcohol and release results to LA DOTD. This release and consent is subject to the terms and conditions of LA DOTD's PPM No. 21 – SUBSTANCE ABUSE AND DRUG-FREE WORKPLACE POLICY. (A photocopy of this authorization can be used if the original is unavailable.) I understand that my refusal to authorize such procedures will prohibit me from further consideration for employment or (if a DOTD employee) from movement into this position, as well as subject me to immediate disciplinary action.

Printed Name Social Security # Date _____

Signature Job Title

- **Pre-employment and/or current employee appointed (i.e., transferred, promoted, reassigned, reallocated, demoted or temporarily detailed) to a safety-sensitive position.**

I hereby authorized the LA DOTD to obtain from my previous employer (when employed in a safety-sensitive position regulated by the USDOT) any information concerning my participation in a controlled substances and alcohol testing program administered during the past two years. I understand that this information will be maintained in a confidential manner. I understand that I cannot perform a safety-sensitive function if LA DOTD obtains information indicating that I have had verified positive drug tests or had any other violations of DOT-agency drug and alcohol testing regulations, tested at or above 0.04 breath alcohol concentration, refused to test, unless evidence indicates that I have been evaluated by a substance abuse professional, completed any required counseling, passed a return-to-duty test, and/or been subject to follow-up testing. I understand that my failure to provide this release will result in the offer of employment/appointment being withdrawn.

Signature

Date

(White copy – HQ Human Resources)
(Yellow copy – District/Section)
(Pink copy – Employee)